



**City of Springfield**  
225 Fifth St. • Springfield, Oregon 97477  
541-726-4652 • Fax: 541-726-3705  
Kakins@springfield-or.gov  
Dedicated to Service, Committed to Excellence

**Volunteer Time Card**  
**Event\Meeting\Group**

Name of Event:  Date:

I will defend, indemnify and hold harmless the City of Springfield, its officers, employees, and agents from and against all liability or loss and against any and all claims, actions, causes of actions, proceedings or appeals based upon or arising out of or arising from or in connection with my conduct or performance as a volunteer with the City of Springfield including but not limited damage or injury to persons or property and including without limitation attorney fees and expenses; except for losses, claims or actions resulting from the sole negligence of the City of Springfield. I understand I am authorized to volunteer in the capacity requested by the Event Facilitator only. I authorize the use of my photograph.

Location:		Time of Event:	
Name	Signature	Time In	Time Out



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